



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

Canc: Mar 2002
IN REPLY REFER TO
BUMEDNOTE 1520
BUMED-ODDCB1
24 Jan 2001

BUMED NOTICE 1520

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Dental Personnel

Subj: ANNOUNCEMENT OF FY 2002 DENTAL RESIDENCY TRAINING,
POSTDOCTORAL EDUCATION AND TRAINING, AND ADVANCED
CLINICAL PROGRAMS

Ref: (a) MANMED Chapter 6, Section XVI
(b) NAVADMIN 261/00
(c) SECNAV INSTRUCTION 7220.61G

Encl: (1) FY 2002 Advanced Dental Education Availability
Announcement
(2) Advanced Dental Education Application Brief Sheet
(NAVMED 1520/16, Rev 12-99)
(3) Evaluation for Advanced Dental Education
(NAVMED 1520/17, Rev 12-00)

1. Purpose. To announce the availability of dental residency training, postdoctoral education and training, and advanced clinical programs (ACP) beginning in July 2002 and to provide information concerning application procedures.

2. Cancellation. BUMEDNOTE 1520 of 7 January 2000.

3. Background. Chief, Bureau of Medicine and Surgery will convene a selection board to recommend Dental Corps officers for assignment to full-time residency training programs, postdoctoral education and training programs, and ACPs in FY 2002. Full-time in-service (FTIS) residency training programs are conducted at the Naval Postgraduate Dental School, Bethesda, MD, various naval hospitals, and other Federal institutions. A limited number of full-time out-service (FTOS) residency and postdoctoral education and training programs are available in civilian universities and institutions. Training for ACP is conducted at selected naval dental centers.

4. Availability of Programs. Reference (a) describes Department of the Navy (DON) training programs for dental officers. Needs of the Navy determine the programs available for training and number of trainees projected in each program. Enclosure (1) provides a list of anticipated residency and postdoctoral educational programs beginning in FY 2002.

5. Residency Training Programs. In-service residency training programs train dental officers for the specialty care needs of the Navy and Marine Corps beneficiaries. Out-service residency training programs supplement in-service residencies and provide training in specialty areas not available in military training programs. All residency training programs meet American Dental Association or Federal Services Board of General Dentistry certification requirements, and qualify for board eligibility or DON board certification equivalency. Dental officers selected for these programs are expected to pursue board certification.

6. Advanced Clinical Programs (ACP). One year ACPs provide general dentists with advanced clinical skills in general dentistry, exodontia and research. Successful completion of an ACP may enhance an officer's opportunity for later residency training. A utilization assignment following completion of an ACP may be required before selection to residency training.

7. Masters in Health Care Administration

a. The U.S. Army-Baylor University Program in Health Care Administration is offered at the Academy of Health Sciences, U.S. Army, Fort Sam Houston, TX. This full-time in-service Masters in Health Care Administration Program is designed to provide Dental Corps officers with a broad knowledge of executive skills needed to lead and manage health care services. It is fully accredited by the Accrediting Commission on Education for Health Services Administration.

b. The program consists of a 54-week didactic phase and a 52-week administrative phase through an appropriate follow-on tour, such as assignment to a major medical or dental command or staff headquarters with additional duty assignment to major health care policy organizations.

c. Prerequisites include a bachelors degree, a 2.7 or higher grade point average or a 3.0 for the last 60 hours of course work (undergraduate), a minimum score of 500 on the

graduate record exam (GRE), successful completion of courses in statistics (linear modeling and probability theory) and graduate management admission test (GMAT) or 1,000 on the economics within the last 5 years. College level math and algebra are recommended.

d. After completing required course work and successfully passing the GMAT or GRE, the dental officer must forward his/her official transcripts to the Baylor Program. The packages are forwarded to the graduate school admission office for evaluation. If accepted, the dental officer must then apply to the Dental Corps Duty Under Instruction (DUINS) Board for consideration.

8. Eligibility of Advanced Dental Education Training

Before commencement of a postdoctoral residency education program, dental officers must have completed their initial tour of duty and cannot be in a failure of selection promotion status. Applications who are unable to complete 20 years of active commissioned service by age 62 may submit a written request for waiver of this requirement with their application.

9. Application

a. To apply, the officer must submit the following to Naval School of Health Sciences (NSHS), Code OP1, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611:

(1) A letter of request with appropriate endorsements accompanied by a statement of motivation clarifying the applicant's background, interests, and reasons for requesting the desired training, per reference (a).

(2) Official scholastic transcripts for all pre-dental, dental, and other significant education. Applicants whose transcripts do not provide class standing or grade point average must request a dean's letter indicating class standing or an equivalent.

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(3) Advanced Dental Education Application Brief Sheet, enclosure (2).

(4) A maximum of three letters of evaluation using enclosure (3). It is suggested one letter be from a dental officer in the specialty area requested for training.

b. For questions concerning application procedures, contact the Dental Corps Programs Officer, NSHS Bethesda at (301) 295-0650, DSN 295-0650, FAX 295-1783, or e-mail: bwelbourn@nsh10.med.navy.mil or myates@nsh10.med.navy.mil.

c. Active duty obligation (ADO) incurred for participation in dental residency training programs is one year for each year of FTIS or FTOS training and a minimum of one year for programs of one year or less duration, per reference (a). Programs leading to a master's degree (which require additional training and/or funding) incur an additional two-year ADO. ADO for a master's degree obtained concurrently with a residency program may be served concurrently with the ADO for residency training. Doctoral programs incur a year for year ADO.

d. Second choices for training are not required but are encouraged in related disciplines, e.g., operative dentistry and prosthodontics, operative dentistry and comprehensive dentistry, or comprehensive dentistry and ACP in general dentistry.

e. Dental special pays for officers in residency programs will comply with references (b) through (d). Officers in ACP programs incur no special pay limitations.

10. Application Deadline. Applications for training beginning in FY 2002, including evaluations and transcripts, must arrive at NSHS Bethesda, Code OP1, postmarked no later than 1 April 2001.

11. Notification. The DUINS Selection Board is scheduled to meet in July 2001. Notification of board results will be made by individual letter, via commanding officers, as soon as possible upon completion of board deliberations.

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12. Forms. Enclosures (2) and (3) are provided for use in the application process.



J. K. JOHNSON
Assistant Chief for Dentistry

Available from:
<http://navymedicine.med.navy.mil/instructions/external/external.htm>

FY 2002 ADVANCED DENTAL EDUCATION AVAILABILITY ANNOUNCEMENT

FTIS Residencies and Postdoctoral Education Programs

Comprehensive Dentistry
Endodontics
Oral and Maxillofacial Surgery ***
Oral Diagnosis, Oral Medicine, and Oral and Maxillofacial
Radiology
Oral Pathology **
Periodontics **
Prosthodontics **
Public Health Dentistry
Maxillofacial Prosthetics - Fellowship *
Masters in Health Care Administration **¹

FTOS Residencies and Postdoctoral Education Programs (Civilian)

Endodontics
Operative and Preventive Dentistry **
Oral and Maxillofacial Surgery ***
Orthodontics
Pediatric Dentistry
Periodontics **
Prosthodontics **
Temporomandibular Disorders
Massachusetts Institute of Technology Sloan Fellowship *¹

Advanced Clinical Programs

General Dentistry *
Exodontia *
Research *

* 1 year program
** 3 year program
*** 4 year program

¹Interested individuals should contact NSHS Code OP1 directly for additional information; see paragraph 9b of basic instruction.

Enclosure (1)

Advanced Dental Education Application Brief Sheet

Instructions

1. Complete all applicable entries.
2. Type all entries.
3. Follow current BUMEDNOTE 1520.
4. Attach a chronological record of your continuing dental education (courses, correspondence courses, etc.) for the past 5 years.
5. Forward this brief sheet and chronological record of dental education to: NSHS, Code OP1, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
6. Questions, please call: (301) 295-0650 or DSN 295-0650.

Name (Last, First, MI)	Grade	Designator	SSN
Current duty station address			
Duty station telephone number (DSN and commercial)		Home telephone number and e-mail address	
Date of rank	Year group		
Years active duty	Years Navy Dental Officer		
PRD	If you have received orders; to where?		
Total years of operational or foreign shore duty as dental officer			
Dates & location of duty stations:			
First choice for training requested		Second choice for training requested	
If I receive training leading to board eligibility, I will <input type="checkbox"/> will not <input type="checkbox"/> pursue board certification.			
As appropriate, complete all of the following. I completed:			
GPR in (provide academic year and facility)			
Civilian postdoctoral fellowship in (provide discipline, academic year and facility)			
Navy ACP in (provide discipline, academic year and facility)			
Navy residency program in (provide discipline, academic year and facility)			
Civilian residency/post-residency fellowship in (provide discipline, academic year and facility)			
I have requested evaluations from:			
I have requested transcripts from:			

Demographic Information Request

Please complete the following by circling the correct information. Completion of this information is voluntary and will not affect your request for training.

Age: 20-25 26-30 31-35 36-40 41-45 46-50 51+

Gender: Male Female

Ethnic Group: American Indian Asian African American Caucasian Filipino Hispanic Other

Privacy Act Statement

Authority to request this information is contained in 5 USC 301 and 10 USC 5031. The purpose for this information is to assist Department of the Navy officials and employees in evaluating your training request and determining your eligibility for advanced dental education. Other uses for this information are to determine course and training demands, requirements and achievements; to analyze student groups or courses; to provide academic and performance evaluation to assist with guidance and counseling of students; to prepare required reports; to provide a demographic profile of applicants for Navy Dental Corps education and training programs; to assess affirmative action initiatives and equal opportunity programs; and to support other training, administration and for planning purposes. Disclosure of this information is voluntary. Failure to disclose this information, except for the demographic information, may result in non-selection for training.

Typed Name, Grade and SSN

Date

Signature

NSHS (Code OP1) Use Only

Education/school	Academic years	Degree	GPA	Class/rank
Pre-dental				
Dental				
Other				
Evaluations received 1 2 3	Transcripts received 1 2 3		Application complete date	

Evaluation for Advanced Dental Education

Instructions

1. Applicants must complete Section I before forwarding to the evaluator.
2. The applicant listed has applied for advanced dental education and requests you complete section II.
3. Please answer all the questions.
4. Return evaluation to the Naval School of Health Sciences, Code OP1, 8901 Wisconsin Avenue, Bethesda, MD 20889-5611.
5. Questions, please call: (301) 295-0650 or DSN 295-0650.

Section I

Name (Last, First, MI)	Grade	Designator	SSN
First choice for training request	Second choice for training request		
Level of training requested: <input type="checkbox"/> Residency <input type="checkbox"/> ACP <input type="checkbox"/> Fellowship <input type="checkbox"/> MS/Ph.D. <input type="checkbox"/> Other (specify)			

Section II

How do you know the applicant? (Check all that apply) <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Pre-dental student <input type="checkbox"/> Dental student <input type="checkbox"/> Graduate student <input type="checkbox"/> GPR student <input type="checkbox"/> ACP student <input type="checkbox"/> Resident		How well do you know the applicant? <input type="checkbox"/> Close and frequent observation <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Vaguely <input type="checkbox"/> By name only <input type="checkbox"/> I do not know the applicant	
Member of: <input type="checkbox"/> Department <input type="checkbox"/> Branch Clinic <input type="checkbox"/> Command <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify)			
How many years have you known the applicant?	From:	To:	

Based upon your experience with other students, dentists and Navy Dental Corps officers, how does the applicant compare when considering the following

Rank as follows: 5 - well above average 4 - above average 3 - average 2 - below average 1 - well below average 0 - no opinion

Rating	Factor	<u>Additional comments</u>
<input type="checkbox"/>	Maturity	
<input type="checkbox"/>	Judgment	
<input type="checkbox"/>	Leadership	
<input type="checkbox"/>	Cooperation	
<input type="checkbox"/>	Personality	
<input type="checkbox"/>	Military bearing	
<input type="checkbox"/>	Personal demeanor	
<input type="checkbox"/>	Independence of thought	
<input type="checkbox"/>	Performance as a naval officer	
<input type="checkbox"/>	Cultural interests (non-dental)	
<input type="checkbox"/>	Clinical ability (manual dexterity)	
Communication skills as an:		
<input type="checkbox"/>	Effective writer	
<input type="checkbox"/>	Effective speaker	
Estimate probable success as a:		
<input type="checkbox"/>	Clinician	
<input type="checkbox"/>	Researcher	
<input type="checkbox"/>	Dental educator	
<input type="checkbox"/>	Graduate student	

Gifted individuals occasionally exhibit sporadic performance due to extenuating circumstances such as family illness, financial need or personal difficulties. Please advise if you are aware of any unique circumstances.

Please provide a brief narrative summary to be used in this evaluation. (Use a maximum of one additional page, if necessary.)

Compared to other applicants, how would you rate this applicant?

_____ **Very Strong**
_____ **Average**
_____ **Weak**
_____ **Very weak**
_____ **No opinion**

Evaluator's typed or printed name	Date
Evaluator's title or position	School or command
Evaluator's signature	